

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15104

CERTIFICATE OF DEATH

00363

Reg. Dist. No. 62

1. PLACE OF DEATH:

County... CarolineCity or town... Seaton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 yrs.

Hospital, institution, or street address where death occurred:

Memphis RoadHow long in hospital or institution? 220

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... County...

City or town...
(If outside city or town limits, write RURAL and give nearest town)Street No...
(If rural, give LOCATION)2.(a) If veteran, name war... None

3. (a) FULL NAME

Joseph M. Brown

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married8. (b) Name of husband or wife... Sallie Brown6. (c) If alive, give age... 78 years7. Birth date of deceased (mo., day, yr.) March 20, 1867

8. AGE: Years Months Days If less than one day

78 10 28 hrs. min.9. Birthplace... Harrington, Del. R. F. D.

(Town, county, and state)

10. Usual occupation... Retired Farmer

11. Industry or business

12. Name... J. M. Brown13. Birthplace... Delaware14. Maiden name... Lesh Lewis15. Birthplace... Delaware16. Informant... Mrs. R. J. WhiteAddress... Bridgetown Delaware17. Jan. 2, 1946 Date thereof... Jan. 29, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... BloomeryLocation... Federalburg Md. R. F. D.18. Funeral director... J. Harnet WilliamsonAddress... Federalburg Maryland19. 1-21 1946 M. D. Gump

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Jan. 21 1946 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 2 1946 to Jan 21 1946and that I last saw him alive on Jan 20 1946

Immediate cause of death... DURATION

Due to Bright's Disease - 39mDue to Arterio Sclerosis 59m

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Newton O. George M. D. or otherAddress... Denton Date signed 1/21/46

RECEIVED
JAN 28 1946
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

00364

Reg. Dist. No. 64

1. PLACE OF DEATH

County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State.....
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Lydia Ann Brown
 4. Sex.....
 5. Color or race.....
 6.(a) Single, married, widowed, or divorced.....
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....
 8. AGE: Years..... Months..... Days..... hrs..... min.

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH.....
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....
 and that I last saw him/her alive on.....

Immediate cause of death

arteriosclerosis

DURATION

6 yr. ±

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where)?.....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Date signed.....

9. Birthplace.....
 10. Usual occupation.....
 11. Industry or business.....
 12. Name.....
 13. Birthplace.....
 14. Maiden name.....
 15. Birthplace.....
 16. Informant.....
 Address.....
 17. (Burial, cremation, or removal. Which?)..... Date thereof..... (month) (day) (year)
 Cemetery or crematory.....
 Location.....
 18. Funeral director.....
 Address.....
 19. February 1, 1946..... J. J. Frampton Registrar

RECEIVED
FEB 3 1946
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 64

00365

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address, where death occurred:
7 year Bethel
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Bethel
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Cannon

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

William Cannon

7. Birth date of deceased (mo., day, yr.)

February 10, 1875

6.(c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

70112

.....hrs.min.

9. Birthplace

Sussex County, Delaware
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

FATHER

12. Name

Ozward Ricketts

13. Birthplace

Sussex County, Delaware

MOTHER

14. Maiden name

Roseanna Colice

15. Birthplace

Sussex County, Delaware

16. Informant

Rosie Jordan

Address

Federalburg, Maryland R.F.D.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof January 16, 1946
(month) (day) (year)

Cemetery or crematory

Bethel Cemetery

Location

Near Federalburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19. January 15, 1946

(Date rec'd by registrar)

J. J. Frampton

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1946 at 8 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1, 1945 to Jan 12, 1946
and that I last saw him alive on Jan 12, 1946

Immediate cause of death

Chronic Myocarditis

DURATION

7

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. L. Small, M.D.

M. D. or other

Address

DentonDate signed Jan 15-46

RECEIVED
JAN 18 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

00366

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Princess AnneCity or town Penton, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Del. County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Benj. Franklin Greenley

3. (b) Social Security Number

4. Sex male5. Color or race w

6.(a) Single, married, widowed, or divorced

widower6.(b) Name of husband or wife wife dead

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Mar. 13th 18628. AGE: Years 83 Months 9 Days 30 If less than one day _____ hrs. _____ min.9. Birthplace Penton, Maryland
(Town, county, and state)10. Usual occupation retired farmer

11. Industry or business

12. Name Arthur J. Greenley13. Birthplace Maryland14. Maiden name Anthony15. Birthplace Maryland16. Informant Surge John J. PostersAddress Denton, Del.17. Buried Date thereof 1-20-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenwood CemeteryLocation Greenwood, Del.18. Funeral director J. Edgar Moore & SonAddress Denton, Del.19. 1/19 46 M. D. George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 19 46 at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19 43 to Jan 18 19 46and that I last saw him alive on Jan 18 19 46

Immediate cause of death

DURATION

Due Arthur Scheraga 1 yr -Due to Cancer of skin of abdomen 2 yrs

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work?

23. SIGNATURE Arthur J. Greenley M. D. or otherAddress Denton, Del. Date signed 1/19/46

CERTIFICATE OF DEATH

RECEIVED

JAN 28 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

00367

Reg. Dist. No. 64

1. PLACE OF DEATH:

County... Caroline
 City or town... Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month
 Hospital, institution, or street address where death occurred:
Academy Ave.
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Delaware County... Sussex
 City or town... Georgetown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Pine Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war... no ✓

3. (a) FULL NAME

Cyrus Hatfield

3. (b) Social Security Number

no

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife... Louise Hatfield
 7. Birth date of deceased (mo., day, yr.) August 5, 1892 6. (c) If alive, give age... years
 8. AGE: Years 73 Months 5 Days 20 If less than one day
 ...hrs. ...min.

9. Birthplace... Georgetown, Del.
 (Town, county, and state)

10. Usual occupation... retired telegraph operator

11. Industry or business... " "

FATHER 12. Name... George W. Hatfield

13. Birthplace... Del.

MOTHER 14. Maiden name... Marion Dunning

15. Birthplace... Del.

16. Informant... Mrs. Wilmer S. Noble

Address... Federalburg, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof... 1-28-1946
 (month) (day) (year)

Cemetery or crematory... Union Cemetery

Location... Georgetown, Del.

18. Funeral director... Harvey Williamson

Address... Federalburg, Md.

19. Jan. 27 1946 (Date rec'd by registrar) J. T. Harris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 24th 1946 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/20 1946 to 1/23 1946

and that I last saw 1/25 alive on 1/25 1946

Immediate cause of death... cerebral thrombosis

Due to... chemic myocarditis

Due to... 5 days

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

Other conditions... no

RECEIVED
FEB 8 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 492

CERTIFICATE OF DEATH

00368

★ Reg. Dist. No. 61

1. PLACE OF DEATH:

County.....Caroline
 City or town.....Goldsboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....4 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Caroline
 City or town.....Mary Dell Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

4. Sex.....M. 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Married
 6.(b) Name of husband or wife.....Geo. W. Melvin
 7. Birth date of deceased (mo., day, yr.).....Feb. 17, 1899 6.(c) If alive, give age.....53 years

8. AGE: Years.....46 Months.....10 Days.....18 If less than one day..... hrs. min.

9. Birthplace.....Maryland
 (Town, county, and state)

10. Usual occupation.....House wife

11. Industry or business.....

FATHER 12. Name.....Abel McLong

13. Birthplace.....Unknown

MOTHER 14. Maiden name.....Mollie Hobbs

15. Birthplace.....Maryland

16. Informant.....Geo. W. Melvin

Address.....Goldsboro Md.

17. Burial.....Burial Date thereof.....1/18/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Greensboro

Location.....Greensboro Md.

16. Funeral director.....Raymond B. Rawlings

Address.....Greensboro, Md.

19. Jan 8 1946 L. M. Papp
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Jan. 4 1946, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 1, 1945 to Jan 4 1946
 and that I last saw him/her alive on Jan 3 1946

Immediate cause of death.....Heart attack Cerebral
of cerebral of liver

Due to.....Cerebral of liver

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....As noted above:

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where)?.....

Means of injury..... Injured at work?

23. SIGNATURE.....Charles H. Stoughton M. D. of Caroline

Address.....Greensboro, Md. Date signed.....7-4-46

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

RECEIVED

JAN 9 1946

BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of date
of birth of deceased is
shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

00369

CERTIFICATE OF DEATH

Reg. Dist. No. 62

FILM No. I 00 FEB 1 1946

1. PLACE OF DEATH:

County Caroline
City or town Neale Greenbush Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Caroline
City or town Neale Greenbush Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Blanch Irene Morse

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Truman Morse7. Birth date of
deceased (mo., day, yr.)July 30, 1880

6. (c) If alive, give age

70 years

8. AGE:

Years

Months

Days

If less than one day

65022

hrs.

min.

9. Birthplace

New York City

(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

FATHER

12. Name

William Van Buren

13. Birthplace

New York City

MOTHER

14. Maiden name

Josephine Brown

15. Birthplace

New York City

16. Informant

Truman Morse

Address

Neale Greenbush Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

1-26-46
(month) (day) (year)

Cemetery or crematory

Evergreen Cemetery

Location

East Newtford, New York

18. Funeral director

J. Reginald Woodward

Address

Frederick Md.

19.

1/23
(Date rec'd by registrar)

19.45

Wm D. George

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 22 1946 at 11:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 16 1945 to Jan 22 1946
and that I last saw him alive on Dec. 21 1945

Immediate cause of death

Coronary occlusion

DURATION

few minutes

Due to

Coronary occlusion2 yr +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

J. Paul [Signature]

M. D. or other

Address

Frederick MdDate signed 1/23/46

RECEIVED

JAN 28 1946

BUREAU V.R.

Evidence for the change of
month of birth and name of **MARYLAND STATE DEPARTMENT OF HEALTH**
child is shown on
2411 N. Charles St., Baltimore 9
G101 4/26/46

00370

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline
City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 months 17 days
Hospital, institution, or street address where death occurred:
Jonestown
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Jonestown
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME

Loretha Alice Mary Murray

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>Colored</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>		
6.(b) Name of husband or wife <u>—</u>				
7. Birth date of deceased (mo., day, yr.) <u>March April 16, 1945</u>				
6.(c) If alive, give age <u>—</u> years				
8. AGE:	Years	Months	Days	If less than one day
	<u>—</u>	<u>8</u>	<u>17</u>	<u>—</u> hrs. <u>—</u> min.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 19 46 at 11 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 3 19 46, to January 3 19 46
and that I last saw him never with alive on January 3 (see copy of death)
Immediate cause of death Pneumonia

DURATION

2 days

Due to Pertussis

8 wks

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results NONE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Dr. P. Plummer

M. D. or other

Address Preston, Maryland Date signed 1/5/46

9. Birthplace Easton, Maryland
(Town, county, and state)
10. Usual occupation Infant
11. Industry or business —
FATHER
12. Name Robert Murray
13. Birthplace Caroline County, Maryland
MOTHER
14. Maiden name Marjorie A. Cephas
15. Birthplace Caroline County, Maryland
16. Informant Mrs. Marjorie A. Murray
Address Preston, Maryland, R.F.D.
17. Burial Date thereof January 5, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Jonestown Cemetery
Location Preston, Maryland, R.F.D.
18. Funeral director J. J. Fraughton and Son
Address Federalburg, Maryland
19. Jan 5 19 45 C. W. Plummer
(Date rec'd by registrar) (year) Registrar

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00371 62

1. PLACE OF DEATH:

County Caroline
 City or town Near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Caroline
 City or town Near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Virginia Beighard

3. (b) Social Security Number

4. Sex F 5. Color or race W. 6.(a) Single, married, widowed, or divorced Widow

B.(b) Name of husband or wife

George Beighard, Jr.

7. Birth date of

deceased (mo., day, yr.)

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

85624

hrs.

min.

9. Birthplace

Caroline County, Ind.
(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

FATHER

12. Name

Jos. A. Becke

13. Birthplace

Maryland

MOTHER

14. Maiden name

Martha Beighard

15. Birthplace

Maryland

16. Informant

Mrs. Frank Adams

Address

Rd. 1 Denton, Ind.

17.

(Burial, cremation, or removal. Which?)

Date thereof

1-24-46
(month) (day) (year)

Cemetery or crematory

Denton Cemetery

Location

Denton, Maryland

18. Funeral director

J. Virgil Martin, Inc.

Address

Denton, Ind.

19.

(Date rec'd by registrar)

19 46M. D. Jones

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 21 19 46 at 3:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 26 19 31 to Jan 21 19 46
 and that I last saw him alive on Jan 20 19 46

Immediate cause of death

arteriosclerotic heart disease

DURATION

6 yrs

Due to

Due to

Other conditions

general arteriosclerosis

(Include pregnancy within 3 months of death)

10 yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul Throth, M.D.

M. D. or other

Address

Denton, Ind.Date signed 1/23/46

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JAN 28 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33a

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Hickman, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 80 yrs
 Hospital, institution, or street address where death occurred:
none
 How long in hospital or institution?..... none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Caroline
 City or town..... Hickman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
no
 2.(a) If veteran, name war..... no

3. (a) FULL NAME

Arlington Patton (Ollie)

3. (b) Social Security Number

none

4. Sex..... male 5. Color or race..... white 6.(a) Single, married, widowed, or divorced..... married
 6.(b) Name of husband or wife..... Laura E. Patton
 7. Birth date of deceased (mo., day, yr.)..... March 4, 1863 6.(c) If alive, give age..... 65 years
 8. AGE: Years..... 82 Months..... 10 Days..... 23 If less than one day..... hrs. min.

9. Birthplace..... New York State
 (Town, county, and state)
 10. Usual occupation..... retired farmer
 11. Industry or business.....

FATHER 12. Name..... Jacob Patton
 13. Birthplace..... N. Y.
 MOTHER 14. Maiden name..... Anna Connell
 15. Birthplace..... N. Y.

16. Informant..... Mrs. Sepp Passwaters
 Address..... Chester, Pa.

17. Burial..... I- 29- 46
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory..... Wesley Chapel Cem.
 Location..... Burrsville, Md.

18. Funeral director..... Harvey Williamson
 Address..... Federalburg, Md.

19. 1/29 19 46 Wm D George
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan. 27th. 19 46 at 1:30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 19 46 to Jan 27 19 46
 and that I last saw him alive on Jan 25 19 46

Immediate cause of death.....

DURATION

Due to..... Cent. al Hemorrhage 12 days

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Harvey Williamson M. D. or otherAddress..... Denton Md Date signed..... 1/29/46

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FEB 5 1946
BUREAU T.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1372)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 60

00373

1. PLACE OF DEATH:

County Caroline
 City or town Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 mo
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Caroline
 City or town Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Joseph Sidon

3. (b) Social Security Number

4. Sex M 5. Color or race W. 6. (a) Single, married, widowed, or divorced Single
 B. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) 1860
 8. AGE: Years 85 Months Days If less than one day
 hrs. min.

9. Birthplace Moravia
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business ✓
 12. Name No Record
 13. Birthplace No Record
 14. Maiden name No Record
 15. Birthplace No Record

16. Informant Dr. Dawson O. George Corcor
 Address Horton MD
 17. Burial Burial Date thereof 1/3/46
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Greenwood
 Location Greenwood Md

18. Funeral director Raymond B. Rawlings
 Address Greenwood Md
 19. Jan. 2 1946 90 Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Jan 2 1946, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19... to 19...
 and that I last saw him... alive on 19...

Immediate cause of death
Chronic Cardiac Disorder
Renal Disease
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

DURATION

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Dawson O George Corcor
 M. D. or other
 Address Dorton Date signed 1/2/46

RECEIVED
JAN 7 1946
BUREAU V M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (98-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Smithson
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Smithson
 (If rural, give LOCATION)
 2. (a) If veteran, name war -

3. (a) FULL NAME

Walter M. Thomas

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Harriet E. Thomas

7. Birth date of

deceased (mo., day, yr.)

July 11, 18766. (c) If alive, give age 64 years

8. AGE:

Years

Months

Days

If less than one day

69620

...hrs. ...min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Farm

FATHER

12. Name

No data available

13. Birthplace

MOTHER

14. Maiden name

Sarah Frances Thomas

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. Harriet E. Thomas

Address

Preston, Maryland, E.T.O.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

February 4, 1946
(month) (day) (year)

Cemetery or crematory

Mt. Pleasant Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. J. Trautman, Elson

Address

Federalburg, Maryland

19.

21319 46C. D. Plummer

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1946, at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 201946to January 311946and that I last saw him alive on October 231945Immediate cause of death Chronic Myocarditis

DURATION

2 days

Due to

Chronic Myocarditis6-7 yrs.

Due to

hypertension1 day

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

July B. Plummer

M. D. or other

Address LinkDate signed 2/2/46

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FEB 5 1946

BUREAU V B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 55 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Nichols Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Blauche E. Willey

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) September 18, 1888 6.(c) If alive, give age _____ years
 8. AGE: Years 57 Months 3 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Sussex County, Delaware
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business None

12. Name John C. Willey

13. Birthplace Sussex County, Delaware

14. Maiden name Wilhelmina Collins

15. Birthplace Sussex County, Delaware

16. Informant Mrs. Thelma L. Willey

Address Federalburg, Maryland, R.F.D.

17. Burial Date thereof January 4, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Steele Crest Cemetery

Location Federalburg, Maryland

18. Funeral director J. F. Frampton and Son

Address Federalburg, Maryland

19. January 2, 1946 S. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1946 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____,

and that I last saw him _____ alive on _____ 19_____,

Immediate cause of death _____ DURATION _____

Due to Fractured Skull Sudden

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 1/2/46

Where did injury occur? Federalburg Caroline Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Run down by Auto Injured at work? No

23. SIGNATURE Lincoln George Brown
 M. D. or other _____

Address Denton Date signed 1/2/46

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JAN 10 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1021

CERTIFICATE OF DEATH

Reg. Dist. No. 003764 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? full life

Hospital, institution, or street address where death occurred:

none
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war World War I

3. (a) FULL NAME

Walter J. Wright

3. (b) Social Security Number

213-03-9648

4. Sex

Male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Flora E. Wright6.(c) If alive, give age 60 years

7. Birth date of

deceased (mo., day, yr.)

March 4, 1887

8. AGE:

Years

58

Months

10

Days

24

If less than one day

hrs.

min.

9. Birthplace

Concord, Md.

(Town, county, and state)

10. Usual occupation

Hot Oil Co. - Employee

11. Industry or business

" " "

FATHER

12. Name

Patrick H. Wright

13. Birthplace

Md.

MOTHER

14. Maiden name

Mary Ellen Lewis

15. Birthplace

Md.

16. Informant

Mrs. Flora Wright

Address

Federalburg, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

2-3-1946
(month) (day) (year)

Cemetery or crematory

Brisgerville Cemetery

Location

Brisgerville, Del.

18. Funeral director

Harvey Williams

Address

Federalburg, Md.

19.

February 2, 1946
(Date rec'd by registrar)

19

J. J. Lewis
Deputy Registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31st 1946, at 9⁰⁵ a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 15 1935, to Jan 31st 1946and that I last saw him alive on Jan 31st 1946

Immediate cause of death

Malignant hypertension

DURATION

2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson M.D.
Address Federalburg, Md. Date signed 2/2/46

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FEB 8 1946

BUREAU V.S.